

Rhode Island Department of Health

Health Policy Briefs

School Based Health Center Services Help Teens Stay in School

February 1999

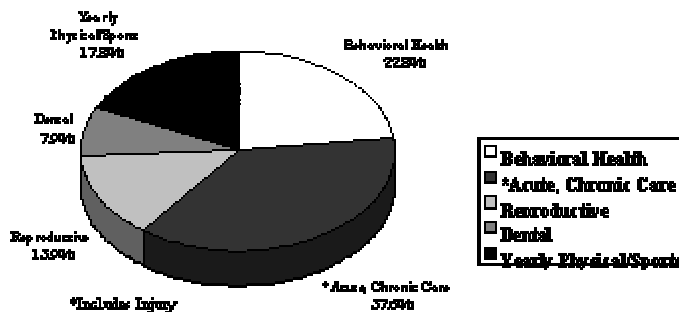
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School Based Health Centers (SBHC) bring health and mental health services to students who need them.

School based health centers (SBHC) are clinical primary health care sites, located within the school building, accessible to students. They provide acute care, such as treatment of colds, infections and injuries; chronic care for conditions such as asthma and diabetes; mental/behavioral health services, including substance abuse services; yearly physical and sport examinations; reproductive health care, including diagnosis and treatment of sexually transmitted diseases; dental care; nutrition services; and immunizations.

Combined SBHC Visits By Type



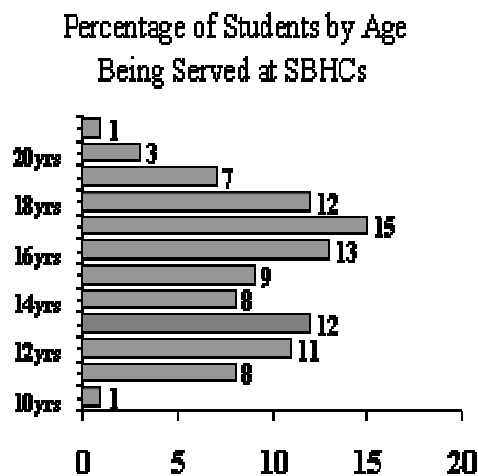
In Rhode Island, local communities decide whether to include distribution of contraceptives in their range of SBHC services. All current SBHC communities have decided not to include this option. SBHCs have a nurse practitioner, physician and counselor, and other medical staff and administrative/clerical support employees, as needed. SBHCs are open during school hours and some have limited hours before and after school. All current RI SBHCs are operated by a state licensed parent health facility. After-hours coverage is provided by the parent health facility.

Rhode Island's SBHCs are located where many low-income teens go to school:

- Providence's Central High School, operated by Providence Health Centers, Inc. since 1987,

- Woonsocket High School and Middle School, operated by Thundermist Health Associates since 1998 and 1993, respectively,
- Central Falls Jr./Sr. High School, operated by Blackstone Valley Community Health Care since 1995, and
- Pawtucket's Slater Middle School, operated by Memorial Hospital, since 1/99 and Pawtucket's Shea High School opening by 9/99.

Profile of kids being served in SBHCs.



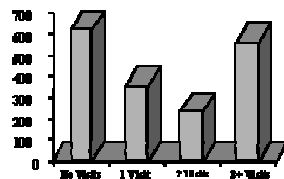
Access to health care is particularly difficult for teens in urban areas.

Adolescence is a time of growth and change, with many health and mental health issues. Many teens from low-income families have additional risks, and they often lack a "medical home." Access to important health services is difficult for teens, particularly for the many teens that lack health coverage, have transportation difficulties, language differences, confidentiality concerns and/or discomfort with adults. RI Kids Count's Fact Book reports that teens from urban communities are at risk for almost every health indicator reported.

RI has adopted an overall policy goal that "all youth shall leave school prepared to lead productive lives." Schools are strategically situated to provide adolescents and their families with supports that help students achieve healthy productive adulthood. School based health centers are located where students are, provide services regardless of ability to pay, provide confidential care per state and federal statutes, and have expertise in adolescent health issues. SBHCs have successfully reached teens, providing them with critical health and mental health

services, building positive relationships between students and caring adults, all with minimal disruption to the school day; studies show SBHCs reduce absenteeism and dropout rates by helping to address students health needs and by building bridges to other supportive services. SBHCs address teens' counseling and health needs, so schools can teach and teens can get down to the business of learning.

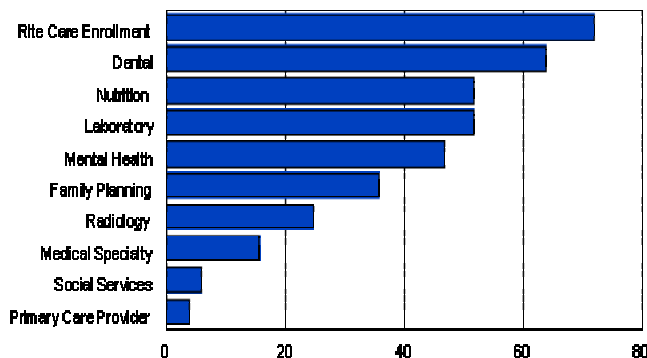
Number of Students By Number of SBHC Visits*



*Includes Woonsocket Middle SBHC, Woonsocket High SBHC and Central High SBHC.

Number of Referrals From Woonsocket SBHCs

Number of Referrals From Woonsocket SBHCs
1997-98 School Year

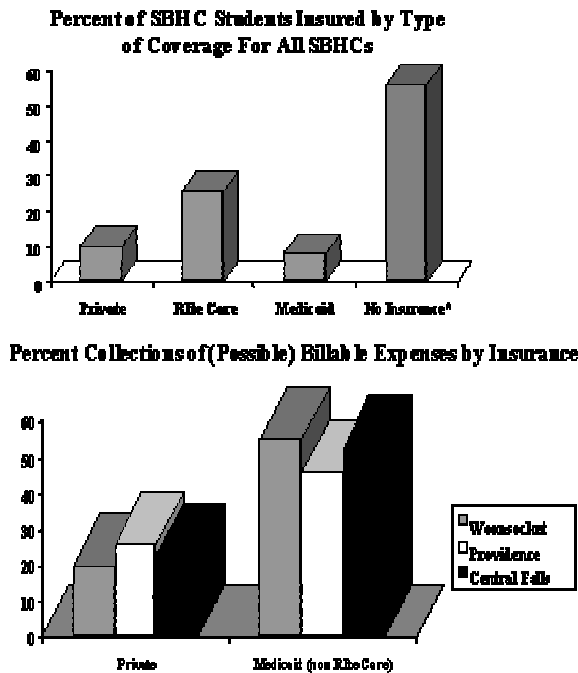


Quality SBHCs need stable funding, in addition to medical care resources, from the state, private partners and communities to develop and sustain them.

RI SBHCs are currently funded with a patchwork of foundation, insurance, state and federal funding sources. School districts have added support to their SBHCs through contributions of staff, space, equipment, construction/renovation labor and in-kind matches.

SBHCs get reimbursements from public and private insurers when they can. Students without coverage, or with limited coverage, are provided needed services free of charge and costs must be absorbed by the SBHC operating agency. Rite Care, which extends Medicaid managed health coverage to uninsured children up to age 18, should strengthen the financial stability of SBHCs. Rite Care health plans are required to include SBHCs in their networks and to reimburse SBHCs for the services they provide. SBHCs are also participating in a new initiative designed to reach out to eligible children not yet

enrolled in Rite Care. Although over a third of teens are currently covered, revenues from managed care have been very small. Third party reimbursement is not adequate to cover the full cost of services. Certain behavioral health services, case management services, and health education services may not be reimbursable at all. Therefore, to sustain quality services, SBHCs must have stable ongoing state, federal, private and community partners.



* May include students eligible but not yet enrolled in Rite Care.

The Departments of Health and Education, building on their joint responsibility for school health programs, are developing a coordinated strategy to help local school departments support comprehensive services in all schools for the early school years. Child Opportunity Zones (COZ)/Family Centers offer critical preventive services. Youth services provide quality after school care for youth including preventive services. In the adolescent years, comprehensive SBHCs can respond to teen risks and needs. When SBHCs, COZs, youth services and other family support systems are linked, they form district wide health and social service systems of care for families, children and teens.

The Rhode Island Department of Health goal is to assist RI communities to establish SBHCs, linked to other social support systems, in Rhode Island's urban high schools. Success will be measured by a drop in violence, injury, teen pregnancies and substance use; and by an increase in school attendance, graduation and successful employment. An alliance of teens, concerned citizens, schools, businesses, hospitals, universities, faith communities, and other key neighborhood stakeholders, partnering with government, can make this initiative a long-term success.

For Additional Information on School Based Health Centers

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For more information about public health in Rhode Island, consult the Rhode Island Department of Health Website: www.health.ri.gov